



Enrollment Application
AmeriCorps Restoring Youth and Communities
4241 Williamsborough Drive, Ste. 219W
Sacramento, CA 95823
(916) 262-0810



PLEASE TYPE OR PRINT LEGIBLY AND COMPLETE ALL SECTIONS.

Position applying for: AmeriCorps Member		Application Date:	
MEMBER PROFILE			
First Name:		Last Name:	
Address:		Home Phone:	
City, State, Zip:		Cell Phone:	
Social Security #:		Email address:	
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you commit to the program for 1 year Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> State: DL #:			
Do you have personal transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever participated in the AmeriCorps Program? Yes <input type="checkbox"/> No <input type="checkbox"/> What dates:			
If accepted into this program, are you willing to work full time?			
How did you hear about our AmeriCorps program? Friends <input type="checkbox"/> TV/Radio <input type="checkbox"/> Flyer <input type="checkbox"/> CDCR-DJJ <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> _____			
EDUCATION	Name, City, State	Circle Yrs. Completed	Subject Studied/Degree
High School		9 10 11 12 GED	
College/University		1 2 3 4 5	
Post Graduate		1 2 3 4 5	
Other Education			
Why are you interested in enrolling in this program?			
Describe how you have reached out to others and/or how you have been involved in your own community.			

EMPLOYMENT HISTORY <i>LIST YOUR CURRENT OR MOST RECENT JOB FIRST</i>						
Employer Name, Address, & Telephone	From [M/D/YR]	To [M/D/YR]	Job Title/Duties	Hourly Wage	Hours/ Week	Reason for Leaving
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*Please attach any additional work experience.

LEGAL INFORMATION
Have you ever been convicted of any felon? Yes [] No [] If yes, when was your jurisdiction from county, state or federal jurisdictions terminated? Month/Year _____ Have you been under the jurisdiction of the Juvenile Court or equivalent? Yes [] No [] If yes, when was your jurisdiction terminated? Month/Year _____
If you are a former ward of the Division of Juvenile Justice (formerly CYA), when were you discharged and what type of discharge did you receive? Month/Year _____ Type _____
Are you a U.S. Citizen or a Permanent Resident Alien? Yes [] No []
Are you currently on probation or parole? Yes [] No []
Have you been convicted of or received a finding of fact related to any offense listed in California Penal Code 290? Yes [] No []

REFERENCES (List the names, addresses, and phone numbers of three individuals, not relatives, who are familiar with your personal background, education, employment, and/or professional skill).				
Name	Address	Phone	Occupation	Relationship to Applicant
Name	Address	Phone	Occupation	Relationship to Applicant
Name	Address	Phone	Occupation	Relationship to Applicant

DECLARATION
<p>I hereby certify that all statements made in this application are true and correct. I agree and understand that any misinformation or material omission could result in disqualification from the AmeriCorps Restoring Youth and Communities Program. I understand that any AmeriCorps service is contingent upon satisfactory completion of all pre-service requirements including, but not limited to, interviews, reference checks, verification, TB test, fingerprinting, and California Department of Justice background check, which will include an arrest record. In the event that the results are unacceptable, I will not be permitted to enroll in the AmeriCorps program.</p> <p>I authorize organizations and persons named above to give information about me, and I release them from all liability.</p> <p>Applicant's Signature: _____ Date: _____</p>